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30 Sep 1978, DoDD 5200.10; AGO D/A ltr, 29 Apr 1980	

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 OFFICE OF THE ADJUTANT GENERAL  
 WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (14 Nov 66) FOR OT

21 November 1966

AD 394029

SUBJECT: ~~Operational Report~~ - Lessons Learned, (Period ending 31 July 1966)

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned from Headquarters, 55th Medical Group, for Quarterly Period Ending 31 July 1966, dated 18 September 1966. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraphs 6c and d of AR 1-19. Evaluation and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*Kenneth G. Wickham*

KENNETH G. WICKHAM  
 Major General, USA  
 The Adjutant General

1 Incl  
 a/s

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, 55TH MEDICAL GROUP  
APO 96238

AVLC-MB-CB-B

18 September 1966

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1966 (RCS CSFOR-65)(U)

THRU: Commanding Officer  
44th Medical Brigade  
ATTN: Historian  
APO 96307

Commanding General  
1st Logistical Command  
ATTN: AVLC-GO-H  
APO 96307

Commanding General  
United States Army, Vietnam  
ATTN: AVC-DH  
APO 96307

Commander-in-Chief  
United States Army, Pacific  
ATTN: GPOP-MH

TO: Assistant Chief of Staff for Forces Development  
Department of the Army  
Washington, D. C. 20310

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## SECTION I

### SIGNIFICANT ORGANIZATIONAL ACTIVITIES

This headquarters was alerted for movement to the Republic of Vietnam on 10 January 1966 and immediately began preparation for overseas deployment. Training emphasis was placed on those subjects required by Headquarters, United States Continental Army Command and the training requirements prescribed by AR 612-35, AR 614-30, and AR 622-5.

During the period of preparation for overseas deployment, the 55th Medical Group was the command and control headquarters for the 5th Evacuation Hospital, 15th Field Hospital, 45th Medical Company (Air Ambulance), 563rd Medical Company (Clearing), 584th Medical Company (Ambulance), 714th Preventive Medicine Unit, and the 545th Medical Supply Detachment. Although the unit was alerted for movement on 10 January 1966, and did not deploy until 16 May 1966, the problems of preparing a unit for overseas deployment were numerous and required the constant attention of all personnel concerned. The group headquarters had the responsibility for providing post support details which included ambulance coverage for all parachute jumps conducted by the 82d Airborne Division, the 3d Special Forces Group, and other units of the XVIII Airborne Corps at Fort Bragg. In addition, the group coordinated the "post packet" details which were assigned on a weekly basis and included providing personnel for prisoner chasers, drivers for post interior guard, commissary details, furniture warehouse details, grass cutting details, and other post details. This headquarters repeatedly requested relief from command and control of the aforementioned units, some of which were being prepared for deployment to overseas areas, and in addition, requested relief from post support supervision. We were relieved of these responsibilities thirty (30) days prior to actual deployment and the command and control function was turned over to the 5th Evacuation Hospital.

The main complement of personnel departed the United States on the USNS Gordon on 16 May 1966 and arrived in Qui Nhon, Vietnam, on 10 June 1966. The advanced party consisting of the Group Executive Officer, S-3 Officer, and S-4 Officer, departed CONUS on 22 May 1966 and arrived the following day.

Twenty four hours after the main body arrived, the headquarters was set up temporarily in a quonset hut borrowed from the 67th Evacuation Hospital. It was an austere operation, initially, since the TO&E equipment, shipped from Charleston, South Carolina on the SSUS Mate on 17 May 1966, did not arrive at Qui Nhon until 13 July 1966. It was off loaded on 17 July 1966.

Immediate preparations were made to construct buildings for a permanent headquarters. Real estate was secured in the 85th Evacuation Hospital compound and construction began on 11 July. Two (2) 20' x 60', two story

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tropical buildings were built by personnel of the Headquarters Detachment, 55th Medical Group, under supervision of the 46th Engineer Detachment.

Billeting for all personnel had been arranged by the advanced party prior to the main body's arrival. Officer personnel were billeted in designated BOQ's and enlisted personnel were billeted in tents which had been improved to include wooden flooring, screens, lights, fans, and running water.

Immediately upon arrival in country, a series of liaison visits was conducted between key headquarters personnel and their counterparts at various headquarters, including Headquarters, 44th Medical Brigade in Saigon, and Headquarters, 43rd Medical Group, in Nha Trang. In addition, extensive liaison was conducted with Field Forces Vietnam I Surgeon in Nha Trang, and the surgeons of the major elements of the field forces supported in Corps Tactical Zone II, North, the 55th Medical Group area of responsibility.

Subsequent to liaison with our counterparts in the theater, key staff personnel undertook a series of liaison visits with subordinates which were to prove of inestimable value in the formulation of Group Policy. The Group Headquarters was fully operational 1 July 1966. At this time the following units were assigned to our Group by General Order Number 9, Headquarters, 44th Medical Brigade, dated 10 June 1966:

2nd Surgical Hospital

48th Medical Detachment (Team KA) (Surgical Detachment)

51st Medical Company (Ambulance)

67th Evacuation Hospital

70th Medical Battalion

85th Evacuation Hospital

142nd Medical Detachment (Team MA)(Dispensary)

152nd Medical Detachment (Team MA)(Dispensary)

163rd Medical Detachment (Team OA)(Dispensary)

463rd Medical Detachment (Team KH)(X-ray)

528th Medical Laboratory (Mobile Section)

542nd Medical Company (Clearing)

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The 55th Medical Group, in support of United States Army Vietnam (USARV) and other Free World Military Assistance Forces (FWMAF) located in Corps Tactical Zone II, North (CTZ II-N), which includes the Provinces of Kontum, Binh Dinh, Pleiku, Phu Bon, and Phu Yen, in RVN, provides command and control of the units listed above, with the responsibility for hospitalization, evacuation, and area medical support in CTZ II-N.

873 Army personnel were admitted to the 2nd Surgical Hospital for definitive treatment during the quarter. 646 were returned to duty, and 252 were transferred to other in-country facilities. In addition, 78 indigenous personnel were admitted for life or limb saving procedures which could not be performed at Vietnamese medical facilities.

A significant accomplishment during the reporting period was the construction of a chapel by the personnel of the 2nd Surgical Hospital. Built of stone, the chapel boasts a traditional steeple with a bell donated by a church in the United States. Serving all religious denominations, and graced by a stained glass window fabricated from colored bottle glass, fiber glass, and silk, the chapel has been symbolically named, "Peace Chapel".

On 17 May 1966, the 2nd Surgical Hospital, augmented by an additional 80 beds from the 542nd Medical Company (Clearing), received and treated ninety-six (96) patients wounded as a result of enemy action ten miles from Camp Radcliff, An Khe, Viet Nam, in one twenty-four period. Utilizing all available facilities, including the chapel, the total hospital census during this incident reached 151 patients.

The 18th Surgical Hospital arrived in the command on 17 June 1966 and was located in Pleiku. The major problem facing this unit upon its arrival in-country was the total lack of equipment and transportation. Due to off-loading priorities at the Qui Nhon port facility, the RED TAT equipment did not accompany the main body to Pleiku. Fortunately, sufficient tentage and transportation was provided by subordinate units of the 55th Medical Group.

The 542nd Medical Company had been augmented with provisional KA Teams constituted from personnel of the 67th Evacuation Hospital to give it a surgical capability. Utilizing the equipment, facilities, and personnel of the 542nd Medical Company which had been performing the mission of supporting the 25th Infantry Division in the Pleiku area, in addition to equipment requisitioned from the 32nd Medical Depot and borrowed from other 55th Medical Group units, the 18th Surgical Hospital was able to become operational and receive its first patient at 0600 hours, 1 July 1966.

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The 67th Evacuation Hospital continued in a non-operational status during the report period. Activities of this hospital were confined to providing routine administrative and logistical support for organic personnel; construction of the new hospital complex at the Qui Nhon Army Air Field; and support of other medical facilities in Viet Nam, primarily the 85th Evacuation Hospital.

When completed, the 67th Evacuation Hospital complex will consist of 27 buildings of which ten (10) will be of permanent type construction, nine (9) will be of wooden construction, and eight (8) will be double quonset huts. It is significant to report that although the 67th Evacuation Hospital debarked from the USNS Walker at Qui Nhon on 7 March 1966, and was supposed to be operational as a fixed hospital by 1 June 1966, it is, in fact, far from being operational at the end of the report period. A realistic completion date for this fixed medical facility is November 1966.

The 70th Medical Battalion continued to function as a command and control headquarters in the Phu Thanh valley, with the following units attached for administrative and operational control:

48th Medical Detachment (KA)(Surgical Detachment)

51st Medical Company (Ambulance)

142nd Medical Detachment (Team MA)(Dispensary)

152nd Medical Detachment (Team MA)(Dispensary)

163rd Medical Detachment (Team OA)(Dispensary)

463rd Medical Detachment (Team KH)(X-Ray)

542nd Medical Company (Clearing)

The 134th Medical Detachment (OA) located in Phu Bai was relieved from attachment to this battalion and attached to the 1st Aviation Brigade in accordance with USARV General Order 3495, 6 June 1966.

There were numerous key personnel changes in the 70th Medical Battalion during the report period. Lieutenant Colonel Elbert B. Fountain, MC, assumed command of the 70th Medical Battalion on 13 June 1966, replacing Lieutenant Colonel Robert F. Glock, MC, who departed to assume command of the 43rd Medical Group in Nha Trang. Major Warren L. Davis, MSC, assumed the duties as Battalion Executive Officer on 1 July 1966, replacing Lieutenant Colonel David A. Packer. Captain Gerald D. Campbell, Jr., joined the battalion on 16 July, succeeding Captain John W. Murphy, as S-3 Officer on 23 July 1966.

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The 85th Evacuation Hospital continues to be the work horse of this group. On 1 May 1966, the bed capacity of the hospital was raised to 680 operating beds. A 200 bed augmentation by the 67th Evacuation Hospital, and 80 beds from the 542nd Medical Company which has one platoon in direct support of this facility, constituted the additional beds. The beds of the clearing platoon are used to care for convalescent patients requiring only limited nursing care.

The 528th Medical Detachment (Laboratory) remained attached to the 85th Evacuation Hospital.

During the reporting period, numerous tactical operations were conducted in Corps Tactical Zone II, North, which were supported medically by elements of the 55th Medical Group, to include hospitalization and evacuation. The general concept of support during tactical operations, in addition to providing the evacuation means and the hospitalization facilities, includes placing a senior noncommissioned officer or a commissioned officer (Field Medical Regulator) in the forward support area in which the division medical company supporting the committed brigade or task force is located. His responsibilities include:

- a. Establishing and maintaining contact with supporting hospitals and aeromedical evacuation units.
- b. Assigning patient priority and medical classification for evacuation. This is done by the Field Medical Regulator based on the professional opinion of the attending physician.
- c. Arranging, coordinating, and directing the evacuation procedures.
- d. Informing destination hospital as to the number and type of patients, and time of arrival of evacuation means.

The operations supported during the report period included:

a. Operation "Hawthorne" which was conducted from 20 May until the end of the report period in the Dak To area. A Field Medical Regulator effected coordination of evacuation and hospitalization; three in-flight attendants were present to assure continuity of medical treatment during the air evacuation process; and two 3/4 ton ambulances were used to effect the evacuation of patients from the medical company to the air field. This support was provided by the 70th Medical Battalion.

b. Operation "Paul Revere" conducted during the period 2 June 1966 and 21 June 1966 near Plei Me. One Field Medical Regulator and four in-flight attendants were provided for this operation.

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c. Operation "Hooker II (Phase II, Operation Henry Clay)", was conducted in the vicinity of Ban Blech and Cheo Reo, and involved support of the 101st Airborne Division. One Field Medical Regulator; two 3/4 ton ambulances from the 51st Medical Company, and air ambulances from the 498th Medical Company were placed in support of this operation. This operation was the basis for a careful evaluation of the propriety of the medical group having either a commissioned officer or senior non-commissioned officer coordinate the evacuation of patients from the division medical company to the receiving hospital and indicated that this practice is necessary to assure the proper regulation of patients. The individual performing this function must be an informed, aggressive soldier who understands completely the medical regulating policies of the group headquarters and who can coordinate the support elements to assure communication with the receiving hospital and the group. The major problem encountered during this operation, and one which is common to all medical regulating in USARV, is the problem of communications. The communications problems realized during the medical regulating of Operation "Hooker II" have been instrumental in causing us to take positive action to establish an internal medical regulating radio net which includes all major hospitalization and evacuation units.

d. Operation "Nathan Hale" conducted near Tuy Hoa during the period 23 June 1966 - 14 July 1966 was supported by a Field Medical Regulator and two ambulances from the 51st Medical Company.

Telephonic communications in Viet Nam continued to be difficult. Local telephone service is sporadically available and long distance land line communications are most unreliable, and in some instances, non-existent. Numerous hours are wasted by administrative personnel in the placing of telephone calls from Qui Nhon, the home of the 55th Medical Group, to An Khe and Pleiku where the 2nd Surgical Hospital and the 18th Surgical Hospital, respectively, are located. Telephone communications between Qui Nhon and the 44th Medical Brigade in Saigon is extremely unreliable and often results in delay in communication of important information. A "hot line" was requested by the Commanding Officer, 18th Surgical Hospital, between his hospital and our headquarters in Qui Nhon. The request, although completely justified because of the density of patients being processed by this hospital, was disapproved by the MACV Communications Officer due to channel shortfall in Viet Nam which precluded approval of the request. A properly controlled radio net is the only solution to this problem. In larger conflicts, this deficiency in communications will be greatly magnified.

The 55th Medical Group has been active in supporting civil affairs operations in the Qui Nhon - Phu Thanh areas, Binh Dinh Province, Republic of Viet Nam.

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Professional personnel from the 67th Evacuation Hospital have been providing support to the Binh Dinh Provincial Hospital. In addition, the Chief, Medical Service, and selected enlisted personnel of this same hospital have been working at the Qui Nhon Leprosarium on their off duty time.

Personnel from the 152nd Medical Detachment (MA), 70th Medical Battalion, have been accomplishing weekly visits to two (2) orphanages in the Qui Nhon area. As a direct result of these efforts, the health and hygiene of over one hundred Vietnamese children who would not have the benefit of these services, has been improved.

In a similar manner, nurses from the 85th Evacuation Hospital have been assisting in the care of indigenous patients at the Holy Family Catholic Hospital in Qui Nhon. The ophthalmologist, assisted by other AENT personnel, has been holding clinic and performing surgery in this same hospital. In addition, the surgical staff of the 85th Evacuation Hospital has been continuing a hairlip program which has provided numerous children with correction of a deformity which would otherwise plague them throughout their lives.

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SECTION II - COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

Part 1. Observations (Lessons Learned)

Real Estate

Item: Acquisition of real estate for incoming units is extremely difficult.

Discussion: On 22 June 1966, the 43rd Medical Group, formerly the command and control headquarters for medical units in Corps Tactical Zone II, North, requested real estate be included in the Log Command base development plan at Pleiku to accommodate an evacuation hospital. The area requested was approximately 25 acres, 105,000 square meters in the area ZA238521. This request was submitted to the Commanding General, Qui Nhon Support Command. Extensive liaison with MACV, II Corps Headquarters, and the Engineer Real Estate Office in the Pleiku area has been effected. In addition, liaison has been effected with United States Air Force authorities in the Pleiku area and 7th Air Force Hqs in Saigon to effect acquisition of the required real estate. As of the end of the report period, no positive indication that real estate is available has been forthcoming. This delay has resulted in a complete lack of preparation of the area in Pleiku where problems resulting from the climatic conditions are well known. An evacuation hospital which is needed in the area may not become immediately operational due to a complete lack of cooperation on the part of responsible personnel.

Observation: Real Estate procurement for large units should be coordinated by Headquarters, 1st Logistical Command, or some other headquarters, capable of effecting the coordination necessary to assure the timely acquisition of real estate for incoming units.

Electrical Generating Equipment

Item: Electrical Generators for medical units deploying to this command are inadequate.

Discussion: Both the 18th Surgical Hospital and the 85th Evacuation Hospitals were sent to this command with inadequate electrical generating equipment. The 18th Surgical Hospital is authorized three 15KW generators by TO&E to operate its complex. The 85th Evacuation Hospital, in a similar manner, is authorized insufficient generators by TO&E. Numerous items of electrical equipment, including air-conditioners, fluorescent lights, refrigerators, water pumps, and X-ray equipment require a constant, reliable source of electrical power.

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Observation: A minimum of two 100-KW generators for Surgical Hospitals and four (4) 100-KW generators for Evacuation Hospitals deploying to USARV Should be provided these units before to their deployment from CONUS.

#### Movement of TO&E Equipment and Personnel

Item: Concurrent movement of TO&E Equipment and Personnel is desirable.

Discussion: The main complement of personnel of Headquarters, 55th Medical Group, departed the United States on the USS Cordon on 16 May 1966 and arrived in Qui Nhon, Viet Nam on 10 June 1966. The TO&E Equipment, shipped from Charleston, South Carolina on 17 May 1966, did not arrive at Qui Nhon until 13 July 1966. It was off loaded on 17 July 1966. In a similar manner, the main complement of personnel of the 18th Surgical Hospital departed the United States on 1 June 1966 and arrived at Pleiku, Viet Nam on 17 June 1966. TO&E Equipment for this unit arrived at Pleiku on 12 July 1966. The lack of organic transportation and other equipment greatly hampered the preparation necessary to assure the immediate operational status of these units. The necessity for "borrowing" and otherwise obtaining equipment during the interim placed an unnecessary burden on both the personnel involved and the supporting technical services who cooperated in the local solution of this problem.

Observation: TO&E Equipment and personnel should be moved concurrently to an overseas command to assure optimum utilization of resources and personnel and to facilitate the operational status of the unit.

#### Regulations

Item: There is a lack of Regulations in USARV.

Discussion: The 44th Medical Brigade provided this headquarters with a packet of regulations subsequent to our arrival in the command. However, due to the shortage of regulations, many critically needed publications were unavailable. The resultant duplication of effort stemming from lack of information was unnecessary.

Observation: Each headquarters publishing regulations should assure a sufficient stockage level to enable them to issue a complete set of these publications to units arriving in the command.

#### Officer Replacements

Item: Early arrival of Army Nurse Corps Replacement Personnel should be prevented.

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Discussion: Army Nurse Corps replacements personnel for the 85th Evacuation Hospital have been arriving thirty days prior to the availability requirement. This has caused periods when maximum effective utilization of Army Nurse Personnel was impossible due to an excess of these people in the command.

Observation: Army Nurse Corps replacement personnel should be programmed to arrive in the command 14 days prior to the DEROS of the incumbent.

Item: Excessive Order and Shipping Time for replacement items should be reduced.

Discussion: It has been noted that on numerous occasions, it has taken 6 and 7 months for "B" priority requisitioned items to be received by the requesting unit. It is recognized that in some cases parts for vehicles and some medical items of equipment can be fabricated or acquired by other means. However, this cannot be done with many medical items due to the technical nature of their construction.

Observation: Greater emphasis must be placed on "A" and "B" priority requisitions by the depot. While it is recognized that in many instances units misuse these requisition categories, legitimate requisitions should be processed within the established time frame for "A" and "B" requisitions.

#### Engineer Support

Item: Immediately upon arrival of this headquarters in Viet Nam, plans were made to construct buildings for a permanent headquarters complex. Ground was secured in the 85th Evacuation Hospital compound, and construction began. The buildings were occupied on 31 July 1966. Although the 46th Engineer Detachment provided technical guidance and a token construction crew, the actual supervision of the project was by the Group Food Advisor, CW4 Glenn R. Warner, and the enlisted personnel of the Group Headquarters. During the construction period our headquarters provided, at all times, a minimum of seven (7) enlisted personnel, and at times, as many as fourteen (14) enlisted personnel per day. The number of personnel provided by the 46th Engineer Detachment ranged from two (2) to six (6) enlisted personnel, and on occasion, this unit did not furnish any personnel. The result was that, during the policy formulating stages of the development of this headquarters, valuable enlisted clerks, personnel and administrative specialists, and other key personnel were engaged in the construction of the group headquarters.

Observation: The lack of proper Engineer construction support in Viet Nam should be corrected in order that the operational efficiency of incoming units is not impaired.

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## Personnel Authorization

Item: TO&E 8-122E, Headquarters and Headquarters Detachment, Medical Group, does not provide the proper number of commissioned officer and enlisted personnel to permit the proper operation of the headquarters.

Discussion: After operating three months in the Republic of Viet Nam and analyzing the operation of the group headquarters, it has been determined that the following minimum requirements for augmentation of the group headquarters exist:

a. S-1 Section: The increased administrative workload in the S-1 Section requires the addition of one Clerk-Typist, Grade E-4, MOS 71B10.

b. S-3 Section: This is the most improperly staffed section in the Group. Suitable for operation in a stateside training atmosphere, the efficient operation of this section in a wartime, 24 hour a day atmosphere, requires the addition of the following personnel for the reasons indicated:

(1) One (1) Lieutenant or Captain, MOS 2162, to assist in the formulation of medical plans and the writing of numerous recurring operational reports which are currently being required within the command.

(2) Two (2) Noncommissioned Officers, Grade E-6, MOS 91B40, to assure the proper regulation of patients within the Medical Group. This is presently being done by the Operations Sergeant Major and one enlisted man, Grade E-6, MOS 71G40, who has been attached to this headquarters from the 85th Evacuation Hospital in excess of our TO&E authorization. The Operations Sergeant Major should be relieved of these duties to permit him to exercise overall administrative supervision of the S-3 section.

(3) In addition to the above permanent requirements, this section requires a varying number of Field Medical Regulators, Grade E-6, MOS 91B40, to coordinate the evacuation of patients from the division medical companies to the supporting hospitals. At the present time, there are four separate task forces conducting normal routine operations in CTZ II-N which require this liaison. Field Medical Regulators are being attached to this headquarters from assigned units.

(4) Two (2) enlisted men, Grade E-4, MOS 71B10, One of these clerks is required to perform the duties of Medical Reports Clerk in the S-3 Section, and one enlisted man to process requests for security clearances and type general correspondence in the S-2 Section.

c. S-4 Section: This Staff Section is in dire need of a noncommissioned officer, Grade E-7, MOS 76K40, Medical Supply Sergeant, to process the numerous requests for medical supplies and equipment which are received by this headquarters daily.

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Augmentation of the Group headquarters by attachment of personnel from subordinate units is not desirable because it deprives the subordinate unit of valuable personnel and precludes the parent unit from requisitioning replacements.

Observation: The personnel and equipment authorization of most medical units are grossly inadequate for the wartime mission being performed here in Viet Nam. It is recommended that the "lessons learned" here in Viet Nam be reflected in the form of personnel and equipment changes in medical TO&E's. This should be accomplished by a coordinated effort directed by higher headquarters.

## Physical Security

Item: Medical Units engaged in the treatment and hospitalization of patients are required to utilize highly trained medical technicians to perform interior guard duties.

Discussion: All of the hospitals assigned to this group are required to provide guards on a daily basis to assure the maintenance of proper physical security. In the case of the 2nd Surgical Hospital in An Khe, six guards plus supervisory personnel are required daily. The 18th Surgical Hospital, at Pleiku, located in a strategically critical area, requires fourteen (14) enlisted personnel to properly maintain its perimeter. The 67th Evacuation Hospital requires twelve (12) personnel on a daily basis, and the 85th Evacuation Hospital seven (7) enlisted personnel. The utilization of highly trained medical technicians and administrative personnel in this manner hampers the efficient operation of these medical treatment facilities. Personnel of the 85th Evacuation Hospital had an average daily patient census of over 483 during the reporting period. Both of the surgical hospitals were required to admit patients in excess of their authorized beds during the report period.

Observation: While it is recognized that physical security is a command responsibility, and must be assumed by individual units, it is felt that medical treatment facilities receiving and treating patients should be exempt by regulation from this responsibility and augmented with security guards in a combat area.

## Teletypewriter Security Equipment

Item: Electronic Teletypewriter Security Equipment TSEC/KW-7 is not required by medical units in this theater.

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Discussion: We are authorized this equipment by paragraph 06, Line Item Number 614915, TO&E 8-122E. At the time this unit was alerted for deployment, it was in possession of Electronic Teletypewriter Security Equipment TSEC/KW-9 which was declared obsolete. We queried Headquarters, 12th Support Brigade, Fort Bragg, North Carolina, and were informed that this equipment was a necessity in the overseas theater. This equipment, in addition to being bulky and extremely sensitive, must be under constant guard. When we arrived in Viet Nam, we were promptly directed to turn it in and utilize permanent type communications channels.

Observation: Units should be given proper guidance regarding the necessity for Electronic Teletypewriter Security Equipment prior to deployment overseas.

#### Signal Equipment

Item: This unit deployed to USARV without authorized signal equipment.

Discussion: A medical group is authorized Radio Set, AN/VRC 47, by paragraph 06, Line Item Number Q54618. Despite repeated efforts to procure this equipment prior to departure to this command, we were unable to obtain the item and were issued Radio Set, AN/VRC 17, in lieu of the authorized radio. The AN/VRC 17 will not net with any of the divisional units supported by this group, and is, in addition, an antiquated, extremely limited piece of communication equipment.

Observation: As has been previously indicated in this report, the TO&E's of medical units operating in Viet Nam are considered to be obsolete in many respects. It is felt, however, that a concerted effort should be made to equip ARSTRIKE units, and any other unit deploying to Viet Nam, with the equipment currently authorized by TO&E prior to the departure of the unit for an overseas command.

#### Part 2. Recommendations

Personnel: It is strongly recommended that the current Tables of Organization and Equipment for all medical units in the Republic of Viet Nam be reviewed by a committee appointed by the 44th Medical Brigade, and that comments relative to the deficiencies or recommended changes in the TO&E's of "type" medical units be obtained from all medical group commanders, consolidated, incorporated into recommended TO&E changes by the Brigade Headquarters, and forwarded to the Surgeon General for his consideration.

Operations: It is recommended that a "Medical Evacuation Net" be established within USARV which will include all major commands in the theater operating on assigned frequencies with the 44th Medical Brigade as the Net Control

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Station. All elements in the net should be identified by separate call signs but should be on the same frequency to facilitate the transmission of operational immediate traffic. If this is not possible, it is recommended that direct teletype communications be established between the brigade headquarters and all medical group headquarters.

It is recommended that the medical units be sent to overseas commands as an integrated, functional unit, and employed as field medical units immediately upon arrival in the command. The practice of having personnel and equipment shipped to the command in separate increments results in unnecessary delay in operational effectiveness. In addition, it is felt that once a hospital is in the command, it should immediately become operational and begin receiving patients under the most austere conditions, if necessary. An example in point is the 67th Evacuation Hospital. It arrived in the command on 7 March 1966, complete with its equipment and professional complement, prepared to perform its wartime mission. As of the end of the report period, the hospital is still far from being operational and will probably not be receiving patients until the end of October 1966. The demoralizing effect of the cannibalization of this unit to augment the 85th Evacuation Hospital in Qui Nhon, and to provide professional personnel replacements for other functional hospitals has been most disturbing. The conceptions entertained by many hospital commanders that "air conditioning" and other niceties are necessities for field operations should be dispelled quickly in order that the flexibility of medical treatment which will be required in the event of total war is available.

*Edward T. O'Dell*

EDWARD T. O'DELL  
LTC, MC  
Commanding

COPIES FURNISHED:

- 1 - Commander-in-Chief, USARPAC  
ATTN: GPOP-MH, APO 96558 (Direct)
- 3 - Commanding General, USARV  
ATTN: AVC-DH, APO 96307 (Direct)
- 1 - Commanding General, USASUPCOM, Qui Nhon  
ATTN: Historian, APO 96238 (Direct)

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AVCA-MB-PO (18 Sep 66)

1st Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1966 (RCS CSFOR-65) (Corrected Report) (U)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 24 October 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H, APO  
96307

1. (C) Reference Section I, paragraph d, item concerning Telephone Communications, Section II, Part 2, item concerning Operations, and item concerning Signal Equipment, basic report. This headquarters concurs with the observations concerning poor communications between medical groups and their subordinate units. Land lines are at a minimum, thus making telephonic communications unreliable. This headquarters has initiated action and has followed up the action request concerning priority medical telephone calls and the granting of sole-user lines between medical facilities and their higher headquarters. To date, no satisfactory action has been obtained and telephone communications remain in an unsatisfactory condition.

The 44th Medical Brigade, upon arrival of the advance party in March 1966, immediately recognized the need for radio communications between brigade headquarters and the medical group headquarters. To obtain the required number of radios, a letter was submitted to 1st Logistical Command, for the issue of nine (9) single sideband radios to this headquarters. 1st Logistical Command has requested that these radios be forwarded as soon as possible to this headquarters on a priority basis. Constant liaison is being maintained between this headquarters and the 1st Logistical Command Communications Officer as to the status of these radios. To date, no radios have been received.

2. (C) Reference Section II, Part 1, item concerning Real Estate, basic report. The 25 acres for the location of the evacuation hospital at Pleiku, RVN, has been approved and plans for location of the hospital are proceeding accordingly. Real estate requirements are now being coordinated with 1st Logistical Command and USARV.

3. (U) Reference Section II, Part 1, item concerning Executive Order and Shipping Time for Replacement Items, basic report. The problem of obtaining equipment type items as well as non-standard equipment type items is a continuing one. Continued effort is being made to satisfy requirements on a timely basis.

4. (U) Reference Section II, Part 1, item concerning Officer Replacements, basic report. The early arrival of replacement personnel is not within the realm of control at this command. Recommendations have been made through channels to delay assignment of personnel until 14 days prior to the loss of the individual. The advent of bulk requisitioning will resolve this problem.

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5. (U) Reference Section II, Part 1, item concerning Personnel Authorization, basic report. Headquarters, 55th Medical Group has been advised to submit an MTOE for the changes recommended. To date, no recommendation has been received.

6. (C) Reference Section II, Part 1, paragraph b., item concerning S-3 Section, basic report. This headquarters concurs that the S-3 Section of a medical group is improperly staffed by current TOE, and the discussions as set forth by the Commanding Officer, 55th Medical Group substantiates the need for additional personnel as described. All units have been instructed to submit appropriate MTOE's as necessary.

7. (U) Reference Section II, Part 1, item concerning Regulations, basic report. All units have been advised of the procedure for requisitioning all publication to include those published by in-country headquarters.

8. (U) Reference Section II, Part 1, item concerning Electrical Generating Equipment. In July 1966, a list of non-medical equipment requirements was sent to Supply Division, OTSG, and CONARC Surgeon's office, which included requirements for six (6) 100 KW generators for an evacuation hospital and two (2) 100 KW generators for a surgical hospital. The list was sent requesting shipment of all items with the units. All units were notified of this action.

9. (U) Reference Section II, Part 1, item concerning Engineer Support, basic report. This support is at a premium throughout all medical units in Vietnam. 60% of the professional personnel are initially utilized for self-help requirements. The engineers presently do not have the capability to build for everyone at the same time. Self-help is the only answer, and all units are continually encouraged to utilize this means to maximum advantage.

10. (C) Reference Section II, Part 2, item concerning Personnel, basic report. It is acknowledged that the current TOE of most medical units are not adequate for the mission which they are required to perform in Vietnam. However, the commander and the staff of a unit are in the best position to make recommendations as to how a TOE should be modified to accomplish the mission. This is a command function and does not require a committee. Adequate guidance is contained in USARV Regulation 310-31 concerning submission of MTOE's.

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11. (U) Reference Section II, Part 1, item concerning Physical Security, basic report. Present provisions allow for medical units to place requests with Support Commands for assignment of security force units. Units have been made aware of this means.

12. (U) This headquarters concurs with all other recommendations of the medical group commander.

FOR THE COMMANDER:

Lynx 898

RICHARD M. HERIOT  
Major, MSC  
Adjutant

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